

# **RECEIVED**

NOV 2 2 2004

Technology Center 2600

#### UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Farris, Barry

Serial No.:

09/524,213

Filed:

March 13, 2000

Title:

Method and Apparatus for the

Storage and Transfer of a

Lyophilisate

To:

Commissioner of Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Art Unit: 3751

Examiner: Maust, T.

Docket No.: 30008-pa

RECEIVED

NOV 2 3 2004

TECHNOLOGY CENTER 3700

## **Authorization to Charge Deposit Account**

It is respectfully submitted that no filing fees are due for the submitted Amendment. However, should any additional fees be due with respect to this filing, they should be charged to undersigned's deposit account number 11-1734, attorney docket number 30008-pa. A duplicate copy of this authorization is enclosed.

Dated: November 15, 2004

Respectfully Submitted:

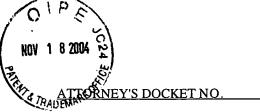
BERNHÄRD KRETEN

Registration No.: 27,037

Bernhard Kreten, Esq. & Associates 1331 Garden Highway, Suite 300 Sacramento, California 95833 Telephone (916) 930-9700

Facsimile: (916) 930-9008

Attorney for Applicant



# RECEIVED

NOV 2 2 2004

In re the application of:

Serial No.:

Farris, Barry 09/524,213

Technology Center 2600

Filed:

March 13, 2000

For:

Method and Apparatus for the Storage and Transfer of a Lyophilisate

Commissioner for Patents Post Office Box 1450 Alexandria, VA 22313-1450

RECEIVED

Sir:

Transmitted herewith is an amendment in the above-identified application.

TECHNOLOGY CENTER 3700

x

No additional fee is required.

The fee has been calculated as shown below:

Other Than A

	(Col 1)		(Col 2)	(Col 3) Small Entity:		Small Entity:			
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total:	*40	Minus	**48	X	x 9.=	0.	.=	x 18.=	0
Indep.:	*6	Minus	**6	X	x 44.=	0.		x 88.=	0.
Total:					_	=			\$0.

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
- \*\*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total of Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$XXX is enclosed to cover the filing fee for the presentation of additional claims.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 11-1734. A Duplicate copy of this sheet is enclosed.

XXX Any additional filing fees required under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17

Dated: Nove-by 15, 2004

BERNHARD KRETEN, Reg. No. 27,037



### CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

RECEIVED

Applicant:

Farris, Barry

NOV 2 2 2004

Serial No.:

09/524,213

Technology Center 2600

Filed:

March 13, 2000

Title:

Method and Apparatus for the Storage and Transfer of a

Lyophilisate

Paper:

- 1. Amendment Responsive to the Decision on Appeal mailed September 15, 2004;
- 2. Amendment Transmittal Letter (in duplicate);
- 3. Certificate of Mailing under CFR 1.8 (a); and
- 4. Return Receipt Card.

I hereby certify that the above identified correspondence, which is attached, is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NOV 2 3 2004

on November 15, 2004.

**TECHNOLOGY CENTER 3700** 

RECEIVED

Robin Southworth

Signature)

November 15, 2004

(Date of Signature)

30008-pa